

Issue Classification

<div style="text-align: right;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> (Assistant Examiner) (Date) </div> </div>		<div style="text-align: center;"> M.D. Patterson Primary Examiner </div>		<div style="text-align: right;"> Total Claims Allowed 50 </div>	
<div style="text-align: right;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> (Legal Instruments Examiner) (Date) </div> </div>		<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> (Primary Examiner) (Date) </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> O.G. Print Claim(s) 1 </div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> O.G. Print Fig 1 </div> </div> </div>	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61	26	91	47	121		151		181		
	2		32		62	27	92	48	122		152		182		
	3		33		63	28	93	49	123		153		183		
	4		34		64	29	94	50	124		154		184		
	5		35		65	30	95		125		155		185		
	6		36	1	66	31	96		126		156		186		
	7		37	2	67	32	97		127		157		187		
	8		38	3	68	33	98		128		158		188		
	9		39	4	69	34	99		129		159		189		
	10		40	8	70	35	100		130		160		190		
	11		41	9	71	36	101		131		161		191		
	12		42	10	72	37	102		132		162		192		
	13		43	11	73	38	103		133		163		193		
	14		44	5	74		104		134		164		194		
	15		45	12	75		105		135		165		195		
	16		46	13	76		106		136		166		196		
	17		47	6	77		107		137		167		197		
	18		48	7	78		108		138		168		198		
	19		49	14	79		109		139		169		199		
	20		50	23	80		110		140		170		200		
	21		51	15	81		111		141		171		201		
	22		52	16	82		112		142		172		202		
	23		53	17	83	39	113		143		173		203		
	24		54	18	84	40	114		144		174		204		
	25		55	19	85	41	115		145		175		205		
	26		56	20	86	42	116		146		176		206		
	27		57	21	87	43	117		147		177		207		
	28		58	22	88	44	118		148		178		208		
	29		59	24	89	45	119		149		179		209		
	30		60	25	90	46	120		150		180		210		